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APPLICANTS

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** CONTINUING DATA *****

None. AR 4/19/06

** FOREIGN APPLICATIONS *****

None. AR 4/19/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature: <i>Amradh Kama AR</i> Initials: <i>AR</i>			

ADDRESS

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TITLE

Sleeve and method for use with modular orthopaedic implants

FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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